OFF POST FACILITY LISTING FORM

	MM/DD/YYYY		
Date	/ /		

Items with a star (*) are necessary items; others would be appreciated and would make the listings more informative.

*Type of Facility House Duplex Mobile Home Room Efficiency Apartment Condominium Cooperative Studio Townhouse				
*Address of Rental		*Date Availabl	e *No of	
	MM/DD/YYYY	Bedrms		
	/ /			
*Name of Landlord/Agent *A	ddress		*Phone	
*Heat Gas Electric] Oil *Ai	r CAC AC	(Window Unit)	
Heat Pump				
Specify if other: Solar Heat Pump None				
		_	<u> </u>	
*Monthly Rent \$ *Security Deposit Amount \$				
*Pets Allowed Yes No Pet Deposit (if applicable) \$				
*No Lease Days				
*Furnshd Unfurnshd *May Singles share? Yes No				
Sep Dining Rm Yes No No of Bathrooms Full 34 Half				
Living Room				
Range Yes No	Refrigerator Yes No			
Dryer Connect Yes No Washer Connect Yes No				
Children allowed (must always be Yes)				
*Utilities paid by 🗌 Landlord 🔲 Tenant 🗌 Both				
Specify if both:				
Avg Utility Costs \$ Maint Costs if any \$				
NOTE: A copy of the Lease			file at	
housing prior to property be	eing list	ed.		
REMARKS: (List other attributes about the property; ie., fenced				
yard, ceiling fans, garage/garage door openers, etc)				